MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

263-025615

VS 300 Rev. 4/50 Sev. 4/50	DO NOT WRITE		AME	NDED		R	egistration District No.	318	mary Re	gistration Dist	rict No LUUS	Registrar's No.	<u>645</u>	7	STATE FILE NU	JABER
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Decity (if outside corporate limits, give TOWNSHIP only) Length of stay in 1D COUNTY						1	PLACE OF DEATH	0 1000				2. USUAL RESIDEN	ICE (Where de	ceased lived	. If institution:	Residence before
No. CITY Of soulder compared limits, give TOWNSHIP only) Langth of stay in 1b CITY OF STATE TOWN St. Louis Town St.	VS 300	۵	1	- 1	11		a. COUNTY					a. STATE Mo	ь. с	OUNTY		admission)
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ADDRESS 24. FUNERAL DIRECTOR ADDRESS Excited by Local Reco. By Local Reco. By Local Reco. By Local Amount. 17. D. Local Amount 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.		Ž	:		ᇤ			June 204 19		New St	. Marcus	Cemetery				/
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I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Signed Ernist W. Skillers
StudentSignature of Student Embalmer	Signed W. Xyellurs
	Licensed Embalmer No. 14080
	D. O. Addrass

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.